

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015117

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2294

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Verner J. Ames

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED MAY 14 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
3 hrs WKSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Osteopathic HospitalInside Limits  
Yes ☒ No ☐

c. CITY OR TOWN Kansas City North I9

d. STREET ADDRESS (If outside, give location)  
5402 E. 48th St. NorthInside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Ruth Fern Boteler4. DATE OF DEATH  
Month Day Year  
April 24, 1962

## 5. SEX

Fe

## 6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Nov. 20 - 1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

Holden, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Stubblefield

## 13b. MOTHER'S MAIDEN NAME

Mattie

## 14. NAME OF HUSBAND OR WIFE

Chester J. Boteler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mr. Chester J. Boteler 5402 E. 48th St. N.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Respiratory Center Depression

## INTERVAL BETWEEN ONSET AND DEATH

16 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause of death.

## DUE TO (b)

Cerebral Edema

days

## DUE TO (c)

Cerebral Atherosclerosis (marked)

months

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malnutrition &amp; Irritation

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April 15 1962 to April 24, 1962 and last saw her alive on April 24, 1962  
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Verner J. Ames M.D.

## 22b. ADDRESS

926 E. 114th St. K.C., Mo.

## 22c. DATE SIGNED

April 26, 1962

## 23a. BURIAL, CREMATION REMOVAL (Specify)

Burial

## 23b. DATE

4-26-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

D.W. NEWCOMER'S SONS N.K.C.MO.

## 25. DATE RECD. BY LOCAL REG.

4-26-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DR. AMES:

Call BETWEEN 8:9:

GR11-444

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.